



Pre School Registration Form

Name: _____ Male/Female
Date of birth: _____ Preferred Start Date: _____
Nationality: _____ Ethnicity: _____ Religion: _____

Please tick sessions required:

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>8:30-1:00</i>					
<i>8.30-3.30</i>					

*Early and Late Room sessions are available 8.00 – 8.30am, 3.30 – 5.00pm/ 5.00 – 6.00pm:
(Extra charge applies, please see the website – Any alterations must be advised termly)*

Parents contact details

Parent 1:	Contact numbers: Home.....
Home Address:	Work.....
.....	Mobile.....
Occupation:	Email.....

Parent 2:	Contact numbers: Home.....
Home Address:	Work.....
(if different from above)	Mobile.....
Occupation:	Email.....

Emergency contact details – additional person different to the above

Name:	Contact numbers: Home.....
Relationship to child:	Work.....
.....	Mobile.....

Please mention here the names of any other members of the family attending the school or registered for entry, or any other connection with the school.

.....

Notes

Early registration is recommended. Registrations will be considered in the order that they are received and are subject to availability and the admission requirements of the school at the time when places are offered. A copy of the current edition of the standard terms and conditions will be supplied on request.

DECLARATION

We request that the name of our above child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £35.00 is enclosed. We understand that the Terms and Conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

First Signature:	.....	Second Signature:	.....
Name in Full	.....	Name in Full:	.....
Relationship to child:	.....	Relationship to child:	.....
Date:	.....	Date	.....